

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

C 3 — 0 6 1A

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 V.S.C. 1396a(a)(4)
42 CFR 440.170 and 431.51

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 320,395

b. FFY 2004 \$ 1,281,579

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 14
Supplement 1 to Attachment 4.19-B, pages 1 & 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Ambulance Transportation for Dual-Eligibles

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Not required per
7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gwendolyn L. Harris

14. TITLE:

Commissioner

15. DATE SUBMITTED:

9-19-03

16. RETURN TO:

Jean Cary
DHAHS
P.O. Box 712, # 26
Trenton, NJ 08625**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

December 04, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services

TRANSPORTATION SERVICES

"Transportation charge" or base allowance (one way or round trip) is an all-inclusive sum which covers the placement and removal of a patient into and out of the vehicle (ambulance or Mobility Assistance Vehicle), at the point of origin and the point of destination.

In addition to the "transportation charge," reimbursable transportation services include a loaded-mileage allowance, oxygen allowance, waiting time allowance, (one way only), and extra-crew allowance (MAV service).

Reimbursement for MICU/ALS (Mobile Intensive Care Unit/ Advanced Life Support) services will be made on a reasonable cost basis, based on Medicare principles of reimbursement. There are two components, the MICU component and the transportation component, that must be billed together by the hospital. The transportation component of this service will be billed by the hospital on a reasonable charge basis. When the transportation component is provided by a volunteer ambulance service, there will be no reimbursement by Medicaid for the transportation component.

Reimbursement for transportation provided by medical (clinic) providers who are also approved to provide transportation services is on a fee-for-service basis.

03-06-MA(NJ)

Supersedes 98-18-MA (NJ)

TN **03-06-MA(NJ)**
98-18-MA(NJ)
Supersedes TN
DEC 04 2003
JUL 01 2004

OFFICIAL

Supplement 1 to Attachment 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER
TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

03-06-MA(NJ)

Supersedes 95-1

TN 03-06

DEC 04 2003

Supersedes TN 95-1

JUL 01 2003

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Supplement 1 to Attachment 4.19-B
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER
TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Medicare - Medicaid Dual Eligibles

1. The Medical Assistance Program will pay on behalf of eligible Medical Assistance recipients who are also eligible for Medicare the full amount of any Medicare deductible and coinsurance costs for ambulance services provided to such Medicaid recipients.

03-06-MA(NJ)

Supersedes 95-1

TN- **03-06**
Supersedes **95-1**

DEC 04 2003

JUL 01 2003